

Control Number: 50594



Item Number: 51

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Public Utility Commission of Texas

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Five-Year Report
Required by 16 Texas Admin. Code § 25.97(e)

PROJECT NO. <u>50594</u>

AFFECTED ENTITY: Sharyland Utilities, L.L.C.

General Information

Pursuant to 16 Texas Admin. Code § 25.97(e)(1), not later than May 1 every five years, each affected entity that owns or operates overhead transmission facilities greater than 60 kilovolts must submit this report. The first report must be submitted not later than May 1, 2020.

Instructions

Answer all questions, fill-in all blanks, and have the report notarized in the Affidavit.

Affidavit

A representative of the affected entity must swear to and affirm the truthfulness, correctness, and completeness of the information provided by attaching a signed and notarized copy of the Affidavit provided with this form.

Filing Instructions

Submit four copies (an original and three copies) of the completed form and signed and notarized Affidavit to:

Central Records Filing Clerk Public Utility Commission of Texas 1701 N. Congress Avenue P.O. Box 13326 Austin, Texas 78711-3326 Telephone: (512) 936-7180

Five-Year Report Form Last Updated in Project No. 49827 Page 1 of 4

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1. Historical five-year reporting period: 2015-2019
What percentage of overhead transmission facilities greater than 60 kilovolts did you inspect for compliance with the National Electric Safety Code (NESC) relating to vertical clearance in the historical five-year reporting period?
Sharyland Utilities, L.L.C. (Sharyland) inspected 100% of its transmission facilities greater than 60 kV in 2018 for compliance with National Electric Safety Code (NESC) relating to vertical clearance.

Affected Entity: Sharyland Utilities, L.L.C.

PROJECT NO. <u>50594</u>

Affected Entity: Sharyland Utilities, L.L.C.

PROJECT NO. 50594



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Affected Entity: Sharyland Utilities, L.L.C.

Five-Year Report Form Last Updated in Project No. 49827 **PROJECT NO**. <u>50594</u>

PROJECT NO. 50594

Affected Entity: Sharyland Utilities, L.L.C.

AFFIDAVIT

I swear or affirm that I have personal knowledge of the facts stated in this report or am relying on people with personal knowledge, that I am competent to testify to them, and that I have the authority to submit this report on behalf of the affected entity. I further swear or affirm that all statements made in this report are true, correct, and complete.

Signature

T. Michael Quinn

Printed Name

Vice President Operations

Job Title

Sharyland Utilities, L.L.C.

Name of Affected Entity

Sworn and subscribed before me this 1st day of May , 2020

Month Year

T. Will Will

Jeni Martin

Notary Public in and For the State of / (yas

My commission expires on May 21, 2023